

Division of Licensing and Protection

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To Report Adult Abuse: (800) 564-1612

September 15, 2016

Mr. Steven Doe, Administrator
Our Lady Of The Meadows
1 Pinnacle Meadows
Richford, VT 05476-7637

Dear Mr. Doe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 7, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/07/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUR LADY OF THE MEADOWS

1 PINNACLE MEADOWS
RICHFORD, VT 05476

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{R100} Initial Comments:

{R100}

An unannounced onsite follow up survey was completed on 6/7/16 for surveys completed on 2/23/16 and 4/20/16. The facility was found to be in substantial compliance for the tags cited on 2/23/16. For the survey of 4/20/16, the facility was found to be in compliance with tags R 178 and R 224. Tag R167 was not in compliance, refer to the new citation below.

{R167} SS=D V. RESIDENT CARE AND HOME SERVICES

{R167}

(PLEASE SEE ATTACHES)

5.10 Medication Management

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to assure that unlicensed staff administering PRN (as needed) psychoactive medication understood the PRN Psychoactive Care Plan and followed the plan when administering this type of medication for 1 of 4 residents in the targeted sample. (Resident #1)

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

STEVEN A. DOB

ADMINISTRATOR

6/24/16

6899

642C12

If continuation sheet 1 of 3

R167 POC accepted 7/8/16 mBoltan RA/pme

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER OUR LADY OF THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS RICHFORD, VT 05476		
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{R167}	Continued From page 1 Findings include: Per review of the MAR (medication administration record) for June, 2016, for Resident #1, the orders read: "Lorazepam, 0.5 mg tablet by mouth at bedtime 'as needed' (circled on the MAR), for agitation or insomnia". The hour column of the MAR stated HS (hour of sleep). The medication had been signed off as given each night for the month of June, as of 6/7/16 at 4:40 PM. During interview, the MT (medication technician) confirmed that she had administered this medication to Resident #1 on June 1st-3rd, and June 5th and 6th. S/he named another MT as the author of the MAR initials for June 4th. There was no PRN Medication Sheet in with the MARS showing that the medication was administered PRN, and no documentation of the reason for administering the medication and whether or not the dose was effective, per facility policy. The MT explained that she did not think that the medication was ordered PRN at bedtime because it was written as 'HS' for the time column. S/he further confirmed that they had not reviewed the PRN Psychoactive Care Plan and had not notified the RN (Registered Nurse) on call prior to giving the medication as stated in the Plan. The Plan stated: "PRN psychotropic medications should be given only if anxiety cannot be relieved using non-pharmacological approaches and is authorized by a nurse. When PRN medications are used the drug, dose date, time and reason for giving should be documented on the PRN sheet for that resident. Always follow up with whether medication was effective in relieving unsafe behaviors." When the MT was interviewed on 6/7/16, she confirmed that she administered the PRN Lorazepam routinely and not in response to any of the behaviors identified on the Psychotropic	{R167}			

SAD

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{R167}	Continued From page 2 Care Plan. This failure to administer Lorazepam per provider's order and regulatory requirements was confirmed during interview with the RN.	{R167}			

SJD

Our Lady Of The Meadows
Plan of Correction
Residential Care Home State Survey
June 7, 2016

R167

5.10.d (5)

Action: On June 22, 2016 the nurse manager implemented an addition to the existing training materials related to the use of PRN psychotropic medications. This addition included a detailed description of the PRN psychotropic care plan (See Attachment A), where it is located and how and when it is used. The additional training material also includes specific instructions for med techs related to the proper administration of PRN psychotropic medications. (See Attachment B). Nursing staff will refer med techs to the medication policy, pg. 6, Titled: PRN Psychoactive Medications, (See Attachment C).

Measures: The nurse manager has met with the nursing staff to review the additional PRN psychotropic medication training materials. Nursing staff will review the additional information with all med techs on or before June 30, 2016. This additional information will be part of the training for all new med techs beginning June 22, 2016. Once med techs have reviewed the additional materials, they will sign a form acknowledging that they have received and understand the information. Nursing staff will review the information in the medication policy that refers to the form used for the residents who have PRN psychoactive medications ordered.

Monitors: The Nurse Manager or designee will review the administration of all PRN psychotropic medication on a weekly basis for the next three (3) months and then on a monthly basis thereafter to insure that this deficiency does not happen again.

Psychotropic Care Plan

Resident Name _____ DOB _____

Medication _____ Class of Medication _____

Common side effects of medication

Changes in mood and/or behavior medication is meant to alleviate

Approaches (these should be attempted BEFORE psychotropic medications are considered)

PRN psychotropic medications should be given only if anxiety cannot be relieved using non-pharmacological approaches and is authorized by a nurse.

When PRN medications are used the drug, dose, date, time and reason for giving should be documented on the PRN sheet for that resident. Always follow up with whether medication was effective in relieving unsafe behaviors. Follow up with nurse if behaviors continue. Notify nurse immediately of any side effects.

Medication Administration: PRN Psychotropic Medications

Terms:

PRN- as needed

Psychotropic- any chemical substance (medication) that alters the way someone thinks, feels or behaves

Non-pharmacological- ways to improve resident well-being that does not involve the use of medications

Benzodiazepines- a class of medication commonly used to treat anxiety. Examples include: Lorazepam (Ativan), Alprazolam (Xanax) and Diazepam (Valium).

Any resident who has a PRN order for a psychotropic medication has an individualized care plan located in the kardex. This care plan includes the name and class of medication the resident has ordered (often a benzodiazepine), common side effects of the medication, non-pharmacological approaches (which should be addressed before administering medications), and changes in mood or behaviors that may warrant administering a PRN psychotropic.

Unless otherwise indicated, PRN psychotropic should be given ONLY with authorization of a nurse. You will be expected to review the resident's psychotropic care plan and to have tried the recommended approaches prior to contacting the nurse to authorize the use of the psychotropic medication. Please provide a written and/or verbal report of mood/behaviors to the nurse along with the non-pharmacological approaches that have been tried to alleviate behaviors.

I have reviewed the above information with a nurse and by signing below I acknowledge that I understand what the purpose of the psychotropic care plan is, where it is located and how to use it.

Med Tech Signature

Date

I acknowledge that all information above has been reviewed with the above listed med tech.

Nurse Signature

Date

ATTACHMENT C

9. At the end of each med pass, make sure all blue/yellow tabs are the same color. Pull the drawers open to be sure all bubble packs for the specific med pass times have been given and rotated to the rear of the bin.
10. Only the staff dispensing medications from the bubble pack are to administer the pills to the resident. No pre-pouring.
11. At the completion of the med pass, make sure the med cart is: cleaned and restocked, returned to the designated area, and locked.

PRN "When Necessary"

Staff who have successfully completed the medication training program and have been designated as competent to do so by the registered nurse, may administer PRN medications to designated residents.

PRN Medication Record

The purpose of this form is to record the need for, and effectiveness of PRN medications. (A medication can be given only for the reason the doctor ordered it to be given) (refer to tab # 2)

Staff must state the time of administration, name, dose and route of medication, reason the medication was given and the response the resident had to the medication.

This form is also used to document a medication that is refused or held and the reason why it was refused or held.

This form should be kept facing the MAR. The reason for this is that one shift may administer a PRN in which the response may have to be documented by the next shift, thus staff can, at a glance, determine when the PRNs were given and see if a response needs to be charted.

The pink "PRN Response" tab should be placed at the bottom of the MAR and removed only after a response has been documented.

PRN Psychoactive Medication (refer to tab # 3)

The form is required for any resident who is prescribed a psychotropic medication that is given PRN. The form will include the following:

1. A description or statement of specific behaviors that the medication is intended to alleviate.
2. A description of the circumstances which indicate the use of the medication.
3. Recommended non-pharmacological approaches prior to administering medications.
4. Common side effects to medication.